

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 33607

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>4515</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Mo</u> d. STREET ADDRESS (If rural, give location) <u>Mo</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mo</u> c. LENGTH OF STAY (in this place) <u>Mo</u>				d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Simpson Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William Thomas</u> b. (Middle) <u>Water</u> c. (Last) <u>Water</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1-16-50</u>			
5. SEX <u>W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-27-1890</u>	
9. AGE (In years last birthday) <u>59</u>		10. UNDER 1 YEAR Months <u>3</u> Days <u>19</u>		11. BIRTHPLACE (State or foreign country) <u>Sullivan Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS/OR INDUSTRY <u>Retired Farmer</u>			
13a. FATHER'S NAME <u>Marion Water</u>				13b. MOTHER'S MAIDEN NAME <u>Viola Melis</u>			
14. NAME OF HUSBAND/OR WIFE <u>Alma Mary Roach</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME <u>Betty Water</u> ADDRESS <u>Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic interstitial nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>542X</u>			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? _____				22. I hereby certify that I attended the deceased from <u>Dec. 27, 1949</u> to <u>Jan 16, 1950</u> , that I last saw the deceased alive on <u>Jan 16, 1950</u> , and that death occurred at <u>12:15</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. W. Simpson</u>				23b. ADDRESS <u>Mo</u>			
23c. DATE SIGNED <u>1-17-50</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>			
24b. DATE <u>1-18-50</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem</u>			
24d. LOCATION (City, town, or county) (State) <u>Mo</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Dwight Schaefer</u> ADDRESS _____			
DATE REC'D BY LOCAL REG. <u>1-30-50</u>				REGISTRAR'S SIGNATURE <u>Mrs. N. B. Harris</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 20 1951

RECEIVED FEB 1 1950
District Health Officer No. 10
District File Number 2-57-22
Date Filed FEB 1 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Dwight Schoen

Licensed Embalmer No. 2667

P. O. Address Milwaukee - Wis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.